

## 24 / 48 HOUR NOTICE OF INDEPENDENT EXPENDITURE, on :

10/15/2008 20 : 05

430 South Capitol Street, SE

2nd Floor

Washington

DC

20003

FEC ID No. C00000935

☐ 24-Hour Notice ☒ 48-Hour Notice

## SCHEDULE E (FEC Form 3X)

## ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 1 / 2

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

FEC IDENTIFICATION NUMBER

C C00000935

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Field Strategies Inc.

Date

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 8

Amount

805.00

Mailing Address

2120 L Street, NW

Suite 305

City

Washington

State

DC

Zip Code

20037

Purpose of Expenditure

Field Organizing

Category/  
Type

007

Office Sought:

☒ House

State: CT

☐ Senate

District: 04

☐ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : \_\_\_\_\_

Transaction ID: SE-853494

Date of Dissemination 10/14/08

Calendar Year-To-Date Per Election

802714.81

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Field Strategies Inc.

Date

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 8

Amount

805.00

Mailing Address

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Check One:

☐ Support☒ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : \_\_\_\_\_

Transaction ID: SE-853495

Date of Dissemination 10/14/08

Calendar Year-To-Date Per Election

802714.81

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures .....

1610.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brian L. Wolff

Signature

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

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PAGE OF 2 / 2  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input checked="" type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mack Crounse Group, LLC		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8	
Mailing Address 2001 N. Beauregard Street Suite 420		Amount 1738.70	
City Alexandria	State VA	Zip Code 22311	
Purpose of Expenditure Literature	Category/ Type	004	
Name of Federal Candidate supported or Opposed by expenditure: Jim Himes		Office Sought: <input checked="" type="checkbox"/> House State: CT <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
802714.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: SE-853548	

Full Name (Last, First, Middle, Initial) of Payee Mack Crounse Group, LLC		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8	
Mailing Address 2001 N. Beauregard Street Suite 420		Amount 1738.70	
City Alexandria	State VA	Zip Code 22311	
Purpose of Expenditure Literature	Category/ Type	004	
Name of Federal Candidate supported or Opposed by expenditure: Christopher Shays		Office Sought: <input checked="" type="checkbox"/> House State: CT <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
802714.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: SE-853549	

(a) SUBTOTAL of Itemized Independent Expenditures .....	3477.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	5087.40
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Brian L. Wolff Signature	M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8